

COMM. OF ELECTIONS
2007 JUL 18 A 9: 18

## Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Commi	ttee to Elect	Car1	eton E. Carey, Sr.
Account Number:			Date of	this Report:
REPORTING PERIOD:	FROM:	3-19-07	TO:	4-9-07
Check the box that applies	to this report:			
Primary Election	□ 8-DAY	□ 30-DAY		Office:
General Election	B-DAY	☐ 30-DAY		City of Dover lity Councilman 1
Other Election	8-DAY 8-DAY	☐ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		
Year End Report	Completed	Activities (Terminate)		Temination Date:
regulations regarding Cam	paign Finance and	the election process in t	he State	ecurate and correct. I agree to abide by all rules and of Delaware. I understand that representatives from rmation provided on this report.
Blanche	Care	1		7-18-07
TREASURER SIGNATURE	9	_		DATE
Carleton &	Carey &	L.		7-18-07
CANDIDATE SIGNATURE				DATE

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### STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	REPO	RTING PERIOD:	3-19-0	7	4-9-0
14				FROM		то
1.		G BALANCE Balance from last reporting period)			\$ <del>16.5</del> 4	¥.
2.	RECEIPTS					
	A.	SCHEDULE A – TOTAL RECEIPTS			1	
	В.	SCHEDULE C-1 – TOTAL IN-KIND (NON	CASH) RECEIPTS			
	C.	SCHEDULE D-1 – LOANS RECEIVED AND	DEBTS INCURRED			
	D.	SCHEDULE E - INTER COMMITTEE (SHA	ARED) EXPENSES RECI	EIVED	()	
	E. SUI	STOTAL (Total of A, B, C, D)				
3.	EXPENDIT	URES:				
	F.	SCHEDULE B - TOTAL EXPENDITURES				-
	G.	SCHEDULE C-2 - TOTAL IN-KIND EXPEN	ISES (IN KIND RECEIP	rs used)		
	н.	SCHEDULE D-2 – LOANS AND DEBTS OU	TSTANDING		YELLOW MANAGEMENT	
	I.	SCHEDULE E - INTER COMMITTEE (SHA	ARED) EXPENSES PAID			
	J. SU	BTOTAL (Total of F, G, H, I)				
4.	ENDING B	ALANCE g Balance plus 2E, minus 3J)			/	6.54
5.	NON-CASE	ASSETS (IN KIND RECEIPTS NOT YET USE	D (From Schedule F)			*
6.	DISPOSITI	ON OF LEFT OVER ASSETS (CLOSING COM	MITTEE) (From Schedul	e G)		
7.	LOANS AT	END OF PERIOD (Loan Balance from Schedule	D-2)			
8.	CLOSE OU	T BALANCE (Must equal zero if Committee clos	sed)			



### **SCHEDULE A - TOTAL RECEIPTS**

CCT#:			REPORTING PERIOD:	3-14-07 FROM	4-9-0
ver \$50. No ycle, each i	OTE: If you recei	we funds from the same person of if the aggregate amount is over	ts from sales of items must be itemized in organization several times during the results 100, even if the individual amounts as	eporting	
Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
Received	Type	Name	Maning Address	Amount	Received
					1
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					<b></b>
					<b>1</b>
OTAL RE	CEIPTS IN EX	CESS OF \$100			
		outrem until W III I			
TAI DE	CEIPTS NOT I	N EXCESS OF \$100			0

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)

GRAND TOTAL RECEIPTS



## **SCHEDULE B - TOTAL EXPENDITURES**

CCT #:		REPORTING PERIOD:	3-1	9.07 FROM	4-9-0
the amount. NO	TE: IF you expend funds to th	ing period. All expenditures to Political Consumption of the exame person or organization several time on, even if the individual amounts are not	ommittees must be ite	emized, regardless	
Date	Payee	Payee	Reason	Aggregate	Amount
xpended	Name	Mailing Address	Code	Amount	Expended
		-	_		
		***************************************			
		4-23-4			
		4			
		Assessment			
	N)-(-1-1				
-+					
TAL BURE	DESTINES IN EVOROS OF A	100			
IAL EXPEN	DITURES IN EXCESS OF \$	100			
	DITURES NOT IN EXCESS			ear I	

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

GRAND TOTAL EXPENDITURES



### SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS

remize all goods	and services contributed at no ch	arge or less than fair market value in ex-	case of \$100 for the reporting par	ind
		he same person or organization several t		
		s over \$100, even if the individual amou		
	<b>66 8</b>			
-KIND CONT	RIBUTIONS IN EXCESS OF	\$100:		
OTE: ESTIMATI	ED VALUE RECEIVED IS FAIR MAI	rket value less any payments you		ICES)
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Receive
	5	The state of the s		
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TAL IN-KIN	D RECEIPTS IN EXCESS OF	\$100		-
The second second		*******		<b></b>

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)

GRAND TOTAL IN-KIND RECEIPTS



# SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES (IN KIND RECEIPTS USED)

tomizo ell good	le and complete aumended at me ab	arge or less than fair market value in excess	-66100 C - 4 - 1' '	ş II
OTE: If you n	as and services expended at no en	me person or organization several times duri	or \$100 for the reporting period	a.
ch item must l	he listed if the aggregate amoun	t is over \$100, even if the individual amount	s are not	
ion nom muse	oe nated if the aggregate amoun	is over \$100, even it the marvidual amount	s are not	
N-KIND EXP	ENDITURES IN EXCESS OF	\$100:		
		ARKET VALUE LESS ANY PAYMENTS YOU RE	ECEIVED FOR THE GOODS OR	SERVICES)
Date	Person or Activity	Person or Activity	Description of	Estimated
Expended	Name	Location or Mailing Address	Expenditure	Value Expende
		CONTRACTOR OF THE CONTRACTOR O		
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OTAL IN EL	ND EXPENDITURES IN EXC	PESS OF \$100		
UIAL IN-KI	IND EXPENDITURES IN EXC	E33 OF 3100		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



#### SCHEDULE D-1 - LOANS RECEIVED AND DEBTS INCURRED

ACCT#:	<u> variation and a second a second and a second a second and a second a</u>	REPORTING PERIOD:	3-19-0		4-9-0
			FROM		то
All loans and debts i	n excess of \$50 RECEIVED DURING THIS	REPORTING PERIOD should be itemized on this schedule. NOT	E: These loans must also be listed on Schedule D-2	l <sub>e</sub>	
LOANS RECEIVE	D IN EXCESS OF \$50:				
Date Received	Obligated To (Name) And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
Received	And Maning Address	and Maning Address	or security	T. A. C.	
			44.44.44		
	W				
				$\Box$	
TOTAL LOANS A	ND DEBTS RECEIVED				0
(TOTAL AMOUNT RE	CEIVED SHOULD ALSO APPEAR ON PAGE 2, STA	TEMENT OF ACCOUNT BALANCE, ITEM 2C)		(9)	



#### SCHEDULE D-2 - LOANS AND DEBTS OUTSTANDING

ACCT#:  REPORTING PERIOD: 3-11-07 47  FROM TO  All outstanding loans and debts in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.  LOANS IN EXCESS OF \$50:  Date Obligated To (Name) Endorser Name and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address And Mailing Address of Security Rate Loan Amount Made Balance	ACCT#:					REPORTING PE	RIOD: 3-	19.07	4-9-0
Date Obligated To (Name) Endorser Name Description Int Original Payments Loan		loans and debts in excess of \$50	must be listed. This includes loans from Let	nding Institutions, Candidate's Personal Fu	nds and Other Cont			FROM	то
Date Obligated To (Name) Endorser Name and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address And Mailing Address of Security Rate Loan Amount Made Contact Contac	LOANS IN EX								
Received And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Balance  And Mailing Address and Mailing Address of Security Rate Loan Amount Made Rate		Obligated To (Name)	Endorser Name	Description				1770/7990/77	
	Received	And Mailing Address	and Mailing Address	of Security	Rate	Loan Amount	Made	Balance	
		-							
				- All Control of the					
	-+				_	-			
					- 1				
	_								
					-				
TOTAL LOANS AND DEBTS OUTSTANDING	TOTAL TOTAL	NO AND DEDTE OFFICE AND	INC.						

TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)



# SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCT#:			REPORT	NG PERIOD: q	3-19-07 FROM T	4-9.07
	reimbursements received by you and paid by you must be iter					
Date Received	SEMENTS RECEIVED (Monies paid to you as reimburse Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received	
	п п п п п п п п п п п п п п п п п п п		1			
	EIMBURSEMENTS RECEIVED FROM OTHER COMM EMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2				0	
REIMBUR	SEMENTS PAID (Monies paid by you to reimburse other	committees for expenses they incurred.)				
Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid	
TOTAL RE	IMBURSEMENTS PAID				0	
(REIMBURSE	MENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT	TEMENT OF ACCOUNT BALANCE, ITEM 3I)				



# SCHEDULE F - NON-CASH ASSETS (IN KIND RECEIPTS NOT YET USED)

			FROM	
nize all non-cash ass tributed to the organ	ets owned by the organization includin ization.	g those paid for by the organization, le	ent to the organization and	
Date Date	H ASSETS:  Description	Locat	ion I	Value
eceived	of Asset	of Asset (Physic		of Asset
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## SCHEDULE G - DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE)

ACCT #:		REPORTING PERIOD: 3-19	7-07 4-9-0 FROM TO
emize all non-cash ass	sets disposed of, transferred or sold by the organiz		
LL NON-CASH AS			
Date	Description	Disposition	Value
liminated	of Asset	of Asset	Received
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The state of the s			
	Company Compan		
		78884117114 3 10-3 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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TAL ASSETS ELIMIN	NATED SHOULD ALSO APPEAR ON PAGE 2, STATES	MENT OF ACCOUNT BALANCE, ITEM 6)	